

STATE OF WYOMING LIQUOR DIVISION

APPLICATION FOR:

- ☐ NEW
☐ RENEWAL
☐ TRANSFER OF OWNERSHIP
☐ TRANSFER OF LOCATION

**APPLICATION FOR
 MANUFACTURER/RECTIFIER
 OR IMPORTER LICENSE**

LIQUOR DIVISION USE ONLY

Date Received: _____
 Reviewed By: _____
 Date Approved: _____
 Date License Issued: _____

TYPE OF LICENSE

- ☐ MANUFACTURER/RECTIFIER
☐ IMPORTER

For the period _____ 20 ____ to _____ 20 ____

PART I*(TO BE COMPLETED BY ALL APPLICANTS)***1) Applicant name and principal address.***(If an individual owner, give full names; if a partnership, give full name of each partner; if a corporation, give the name of the corporation.)***2) Trade name to be used in operation of business.:****3) Address of premises covered by this application.***(Number and street, city, county, state, zip code and phone number.)***4) List states in which you are or have previously been licensed as a manufacturer/rectifier or importer.**

| STATE | DATES |
|-------|-------|
| | |
| | |
| | |
| | |

5) Is the business a new enterprise?:☐ YES☐ NO*(If acquired from holder of Wyoming Malt Beverage License and a basic permit under Federal Alcohol Administration Act, complete items a through c.)***A. Name and address of license holder from whom business acquired.***(If change in stock control, state name as shown in item 1 above.)*

B. Date of change in ownership or stock control.._____

C. Date business to be acquired by applicant.._____

6) Applicants place of business
☐ OWNED ☐ LEASED ☐ RENTED

A. Duration of lease or rental._____

B. If leased or rented, name and address of owner(s.)

7) Do you now have or have you submitted application for:

- A. Federal Basic Permits (Give dates and numbers, if known)?

☐ YES☐ NO
- B. Bureau of Alcohol, Tobacco and Firearms Special Occupational Tax?

☐ YES☐ NO

8) Does the applicant or any member of your partnership or any officer, director or stockholder of the corporation:

- A. Hold any interest, directly or indirectly, in any retail license or permit issued in the State of Wyoming?
(If yes, give detail)

☐ YES☐ NO

- B. Had a criminal record equal to a felony conviction under Wyoming or Federal Law, or a conviction for a violation of Wyoming or Federal Law relating to the sale or manufacture of alcoholic or malt beverages?
(If yes give details)

☐ YES☐ NO

- C. Have you been a resident of the State of Wyoming for at least one (1) year immediately preceding the date of this application? (If no, how long have you claimed residency?)

☐ YES☐ NO

9) List below all products which you propose to manufacture, rectify or import within the State of Wyoming.

| PRODUCT | BRAND NAME | DESCRIPTION |
|---------|------------|-------------|
| | | |

NOTE: The Wyoming Liquor Division must be notified in writing immediately of any changes in product, discontinuance or addition of, change of label etc...

PART II

(TO BE COMPLETED IF APPLICANT IS AN INDIVIDUAL PROPRIETOR OR A PARTNERSHIP)

10) Information relating to each partnership or individual applicant.

| NAME | ADDRESS | DATE OF BIRTH | PERCENT INTEREST |
|------|---------|---------------|------------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |

PART III

(TO BE COMPLETED IF APPLICANT IS A CORPORATION)

11) In relation to the corporation, give the following:

A. Date of Corporation: _____

B. Is the corporation qualified with the Secretary of State to transact business within the State of Wyoming?

☐ YES

☐ NO

| OFFICERS/DIRECTORS NAMES | ADDRESS | DATE OF BIRTH | TITLE |
|--------------------------|---------|---------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

12) Does applicant either directly or indirectly have actual or legal control over any other corporation or is the business actually or legally controlled by any other corporation, whether such control is effected through stock ownership or in any other manner? ☐ YES ☐ NO

(if yes, state the extent and manner of such control, the nature of the business, and the name and address of each corporation(s) together with the names and addresses of the officers and directors of each such corporation.)

13) A. BY SUBMISSION OF THIS APPLICATION, THE APPLICANT HEREBY AGREES THAT HE WILL OPERATE IN CONFORMITY WITH THE LAWS OF THE STATE OF WYOMING, THE FEDERAL ALCOHOL ADMINISTRATION ACT, AND LAWS RELATING TO ENFORCEMENT THEREOF; INCLUDING TAXES WITH RESPECT THERETO AND ALL APPLICABLE RULES AND REGULATIONS MADE PURSUANT TO LAW WHICH ARE NOW OR MAY HEREAFTER BE IN FORCE.

B. BY VIRTUE OF THE TERMS AND CONDITIONS OF THE WHOLESALE MALT BEVERAGE LICENSE WHICH MAY BE ISSUED HEREUNDER, THE APPLICANT HEREBY STATES AND AFFIRMS TO PROVIDE THE NECESSARY SERVICE, DELIVERY AND MAINTENANCE OF ALL MALT BEVERAGE BRANDS DECLARED IN NUMBER 9(A) ABOVE TO ALL RETAIL LICENSEES AND PERMITEES THROUGHOUT THE ENTIRE DESIGNATED GEOGRAPHICAL TERRITORY(S).

C. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION INCLUDING ACCOMPANYING STATEMENT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

PART V
VERIFICATION AND ACKNOWLEDGEMENT
(TO BE COMPLETED BY ALL APPLICANTS)

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Before Me, _____, (specify) a Notary Public/Officer
(Printed name of Notary or other officer authorized to administer oaths)
authorized to administer oaths in and for _____ County, State of Wyoming,
personally appeared _____ name he/she being first duly
(Insert Names)
sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

(Seal)

1. _____
2. _____
3. _____
4. _____

My commission expires: _____

Witness my hand and official seal:

(Notary public or other officer authorized to administer oaths)

Title _____

Dated: _____

When a document you are notarizing or
verifying has either an oath or verification,
then please actually administer an
oath.

Note: Please void any blanks not signed before you at time of authentication.